

STATE OF NORTH CAROLINA
 TRANSYLVANIA COUNTY
 REGISTER OF DEEDS
 CINDY M OWNBEY

Book 104 Page 244

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

N.C. VITAL RECORDS

CERTIFICATE OF DEATH



2018900391

DTH 104 244

REGISTRATION DISTRICT NO. 08870

LOCAL NO.

COUNTY OF DEATH Transylvania

STATE

TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK

DECEDENT'S LEGAL NAME

1a. FIRST

Edward

1b. MIDDLE

Ray

1c. LAST

McCall

1d. SUFFIX

1e. LAST NAME PRIOR TO FIRST MARRIAGE

2. SEX

M

3a. AGE- LAST BIRTHDAY (Y/m)

60

3b. UNDER 1 YEAR

Months Days Hours Minutes

3c. UNDER 1 DAY

4. DATE OF BIRTH (Month/Day/Year)

1958

5. BIRTHPLACE (County/State or Foreign Country)

Transylvania NC

6. DATE OF DEATH (Month/Day/Year)

September 19, 2018

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL

☒ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)

Transylvania Regional Hospital

7d. CITY OR TOWN

Brevard

7e. COUNTY OF DEATH

Transylvania

8. MARITAL STATUS

☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown

9. SURVIVING SPOUSE (Give name prior to first marriage)

Marenda Jones

10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)

Sub-Contractor

10b. KIND OF BUSINESS/INDUSTRY

Construction

11. SOCIAL SECURITY NUMBER

6955

12a. RESIDENCE-STATE OR FOREIGN COUNTRY

North Carolina

12b. COUNTY

Transylvania

12c. CITY OR TOWN

Brevard

12d. STREET AND NUMBER

12e. INSIDE CITY LIMITS: ☐ Yes ☒ No

12f. ZIP CODE

28712

13. WAS DECEDENT EVER IN U.S. ARMED FORCES?

☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

☐ 8th grade or less
☐ 9th-12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)

☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

☒ White ☐ Other Asian (Specify)
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian ☐ Japanese
☐ Chinese ☐ Korean ☐ Other (Specify)
☐ Filipino ☐ Vietnamese
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)

Ray Bert McCall

18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)

Ruth Pressley

19a. INFORMANT'S NAME

Marenda McCall

19b. RELATIONSHIP TO DECEDENT

Spouse

19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

Brevard, NC 28712

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation

☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

A Simple Cremation, Inc

20c. LOCATION (City or Town and State)

Candler, NC

21a. SIGNATURE OF FUNERAL DIRECTOR

21b. LICENSE NUMBER

21c. NAME OF EMBALMER

Not Embalmed

21d. LICENSE NUMBER

22. NAME AND ADDRESS OF FUNERAL HOME

A Simple Cremation, Inc. Candler, NC 28715

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

Approximate Interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

→ a. LUNG CANCER

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Due to (or as a consequence of)

c. Due to (or as a consequence of)

d. Due to (or as a consequence of)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

25. MANNER OF DEATH

☒ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined

26a. WAS CASE REFERRED TO MEDICAL EXAMINER?

☐ Yes ☒ No

26b. IF YES ☐ Declined by Medical Examiner

27. TIME OF DEATH (Approximate)

0045

28. DID TOBACCO USE CONTRIBUTE TO DEATH?

☒ Yes ☐ Probably ☐ No ☐ Unknown

29. IF FEMALE:

☐ Pregnant at time of death
☐ Not pregnant within past year
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

30. DATE PRONOUNCED (Month/Day/Year)

31a. DATE OF INJURY (Month/Day/Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? ☐ Yes ☒ No

31d. PLACE OF INJURY-at home, farm, street, factory, office, building, etc.

31e. IF TRANSPORTATION INJURY SPECIFY:

☐ Driver/Operator
☐ Passenger
☐ Pedestrian
☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)

☒ Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

☐ Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER

LANA J. RIEMANN MD

33b. LICENSE NUMBER

NC9701563

33c. DATE SIGNED (Month/Day/Year)

9/19/18

34. NAME AND ADDRESS OF CERTIFIER (Print legibly)

LANA J. RIEMANN MD 1266 AVE HWY BREVARD NC 28712

34. FOR LOCAL REGISTRATION

35. DATE FILED (Month/Day/Year)

09-20-2018

DATE CORRECTED (Mo/Day/Yr)

ITEM(S) CORRECTED:

DATE AMENDED (Mo/Day/Yr)

ITEM(S) AMENDED:

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, TRANSYLVANIA COUNTY, N.C. IN BOOK 104 PAGE 244. WITNESS MY HAND AND SEAL THIS 21st OF SEPTEMBER, 2018.

CINDY M OWNBEY, REGISTER OF DEEDS

BY: D. McCall
 ASSISTANT/DEPUTY REGISTER OF DEEDS

Substitute For DHHS 1872 (REVISED 11/2017) N.C. VITAL RECORDS